

# Department of Public Health

CITY OF SAN DIEGO, CALIFORNIA  
DIVISION OF VITAL STATISTICS

## CERTIFIED COPY OF LOCAL RECORD

This is to Certify, That the attached is a full, true and correct copy of the ~~birth~~ certificate of death of JOSEPH FRANKLIN RUTHERFORD

which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof, witness my hand and seal of office at San Diego, California, this 6th day of February, 1942

*Alfred M. Lusk*  
Local Registrar of Vital Statistics

Form 809 (3-1-41)

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING BLACK INK--THIS IS A PERMANENT RECORD  
Read Instructions on Back  
VITAL STATISTICS

(B) CITY OR TOWN <u>San Diego</u> <small>IF RESIDES CITY OR TOWN LIMITS, WRITE BURIAL</small>		(A) STATE <u>California</u>	
(C) NAME OF HOSPITAL OR INSTITUTION <u>4440 Braeburn Road</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION</small>		(B) COUNTY <u>San Diego</u>	
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY <u>2 yr.</u> IN CALIFORNIA <u>1 yr.</u>		(C) CITY OR TOWN <u>San Diego</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE BURIAL</small>	
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. _____ YEARS		(D) STREET NO. <u>4440 Braeburn Road</u>	
3. (A) IF VETERAN, NAME OF WAR <u>no</u>		3. (F) SOCIAL SECURITY NO. <u>none</u>	
4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>	
8. (B) NAME OF HUSBAND OR WIFE <u>Mary M Rutherford</u>		8. (C) AGE OF HUSBAND OR WIFE IF ALIVE <u>72</u> YEARS	
7. BIRTHDATE OF DECEASED <u>November 5, 1869</u>			
9. AGE <u>72</u> YRS. <u>2</u> MOS. <u>0</u> DAYS		IF LESS THAN ONE DAY OLD	
9. BIRTHPLACE <u>Versailles, Missouri</u>			
10. USUAL OCCUPATION <u>Editor</u>			
11. INDUSTRY OR BUSINESS <u>Publishing (Retired)</u>			
12. NAME <u>James Calvin Rutherford</u>			
13. BIRTHPLACE <u>Versailles, Missouri</u>			
14. MAIDEN NAME <u>Leonora Strickland</u>			
15. BIRTHPLACE <u>Versailles, Missouri</u>			
16. (A) INFORMANT <u>Bonnie Heath</u>			
(B) ADDRESS <u>4440 Braeburn Road</u>			
17. (A) <u>Env.</u> (B) DATE <u>1-12-42</u>			
(C) PLACE <u>San Diego, Cal.</u>			
18. (A) EMBALMER'S SIGNATURE <u>Harvey L. Lewis</u> LICENSE NO. <u>2463</u>			
(B) FUNERAL DIRECTOR <u>Lewis Mortuary</u>			
ADDRESS <u>2876 El Cajon Blvd.</u>			
BY <u>Harvey L. Lewis, Jr.</u>			
19. (A) <u>1/12/42</u> (B) <u>Alfred M. Lusk</u> L.E.E.		20. DATE OF DEATH: MONTH <u>January</u> DAY <u>8</u> YEAR <u>1942</u> HOUR <u>1</u> MINUTE <u>36 pm</u>	
21. MEDICAL CERTIFICATE I HEREBY CERTIFY, THAT I ATTESTED THE DECEASED FROM <u>Nov. 24</u> 19 <u>41</u> TO <u>Jan. 5</u> 19 <u>42</u> THAT I LAST SAW HIM <u>alive</u> ON <u>Jan. 5</u> 19 <u>42</u> AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.		22. CORONER'S CERTIFICATE I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, ISSUED ON INVESTIGATION ON THE DEMAND OF THE DECEASED AND FROM FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.	
IMMEDIATE CAUSE OF DEATH <u>Uraemia</u>		DURATION <u>1</u> month	
DUE TO <u>Carcinoma of Rectum</u>		DURATION <u>18</u> months	
DUE TO <u>Pelvic Metastasis</u>		DURATION <u>6</u> months	
OTHER CONDITIONS (INCLUDE PRECEDING WITHIN THREE MONTHS OF DEATH) _____			
MAJOR FINDINGS OF OPERATIONS <u>Carcinoma of Rectal Sigmoid</u>			
DATE OF OPERATION <u>Nov 5-4</u>			
OF AUTOPSY _____			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:			
(A) ACCIDENT, SUICIDE, OR HOMICIDE: _____		(B) DATE OF INJURY: _____	
(C) WHERE DID INJURY OCCUR: CITY OR TOWN _____ COUNTY _____ STATE _____			
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE: _____ WHILE AT WORK: _____			
(E) MEANS OF INJURY: _____			
24. CORONER'S PHYSICIAN'S SIGNATURE <u>G. R. Stevenson</u>		ADDRESS <u>328 Maple St.</u> DATE <u>Jan. 8-42</u>	